

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

CMI INTOXILYZER 5000 MAINTENANCE REPORT

REPORT #4

Complete this year of at the the Col				***************************************				HEPUR	
Complete this report at the time of the r Complete this report whenever the instr Retain the original and send a copy with	ument is serv in 15 days to	iced or repai	irod and wh	anovor it io	nlagad into as	5 days). rvice.			
66-005162 FRONTE	66-005162 FRONTENAC POLICE DEPARTMENT					DATE OF INSPECTION 01/27/2013			
LOCATION OF INSTRUMENT (STREET AND CITY)	·	-	TIME OF INSPECTION						
10555 CLAYTON ROAD, FRONTEI			10:08 pm nin established limits. (Write in observed values						
— where determined.) Orimarked items mu	st be correcte	d before us	y or is opera ing instrume	iting Within nt.	established fir	nits. (Write	in observed	values	
DVM TEST: (.350 ± .150)			.29	4					
DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 22:08, 01/27/2013									
CHARACTER DISPLAY TEST									
PRINT TEST (PRINTOUT ATTACHE	ED)			·					
SIMULATOR SOLUTION SUPPLIER	GUTH LAE	BORATORI	ES	_ LOT # _1	2040	EXP. D	ATE <u>03/07/</u>	2014	
SIMULATOR TEMPERATURE (34°C	± 0.2°C)	34.0	SIMUI	LATOR SN	SD2288	_ EXP. C	ATE <u>01/15/</u> 2	2014	
A CALIBRATION CHECK - (ONLY ONE	STANDARD	IS TO BE	JSED PER	MAINTEN	ANCE REPOR	T)			
Run three tests using a standard solu less. Mark the box corresponding to the	tion. All three	tests must i	be within ± !	% of the s	tandard value	and must	have a sprea	d of .005 o	
					ITACHED)				
0.100% STANDARD - MUST REAL 0.080% STANDARD - MUST REAL	D BETWEEN D BETMEEN	0.095% AN	D 0.105% IN	ICLUSIVE					
0.040% STANDARD - MUST REAL	D BETWEEN	0.038% ANI	D 0.064% IN D 0.042% IN	ICLUSIVE					
TEST 1 * 0.095%	TEST 2 ☞ 0.096%					TEST 3 ➤ 0.098%			
PERFORM RFI TEST (PRINTOUT AT	TACHED)								
INDICATE THE NUMBER OF BREATH TO (DO NOT INCLUDE SELF-ADMINISTERE	ESTS IN THE	FOLLOWIN	IG RANGES	S SINCE T	HE LAST MAI	NTENANO	E REPORT:		
REFUSALS 4 004 0	.0509	0	.1014	5	.1519	4	Over .19	0	
IST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OF USE OTHER SIDE IF NECESSARY).	R MODIFICATION T	HAT WAS MADE	TO RESTORE TH		TO OPERATE SATIS	FACTORILY A	1	LISHED LIMITS	
NA									
5									
	_								
	·								
SPECTING OFFICER									
GNATURE COL BUHLA	rkwo.	20/2		RETT LO	CKWOOD		genness som de tresse en en		
PE II PERMIT NUMBER/EXPIRATION DATE 220205 08/21/2014				PHONE NÚME 14) 994-9					
ETURN COMPLETED REPORT TO THE:		Breath Alcohol Program, Missouri Department of Health and Senior Services							
•	t District Off	ice							
	2875 Jam Poplar Bli	ies Biva. uff, MO 6390	01						



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1211% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2014 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

INTOXILYZER® INSTRUMENT PRINTER CARD : . © 1986 by CMI INC. 8H 66-985162 E735,23 ABODEFGHIJKLMNOPORSTLUNKYZ0123456789 יייי ייי ייייס ריספריואי ברטואו אחאופבע ה וארוח 72812345678913#4abcde 81/27/2813 22:11 MIOXILYZER INSTRUMENT PRINTER CARD. TEST
AIR BLANK
CAL CHECK
AIR BLANK
CAL CHECK
AIR BLANK
CAL CHECK
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CAL CHECK
AIR BLANK FRONTENAC P.D.
INTOXILYZER - F
MO MODEL 5888
81/27/2813 NO REI PRESENT THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010 ALCOHOL ANALYZER
SN 66-005162

State of Missouri DEPARTMENT OF HEALTH



TYPE



BRETT S LOCKWOOD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

	ons 577.020 through 577.041, RSMo 1986.
Date08/21/2012	Wans
Number 220205	Director of State Public Health Laboratory
Expires <u>08/21/2014</u>	Margart T. Druelly
MO 580-0771 (7-88)	Director, Department of Health Lab. 4 (R7-89)